

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-2-00
O.I.P.E. CLASSIFIER		1/2	7/9/00
FORMALITY REVIEW	DMIL	69169	11/1/00
RESPONSE FORMALITY REVIEW	Sub	47718	4/28/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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